

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		40	5/16/01
FORMALITY REVIEW	MD	579	6/25/01
RESPONSE FORMALITY REVIEW	TAP	1110	10-9-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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4-5  
6-25-01  
8/26/01  
10-10-01